PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10824991

(Column 1) (Column 2)								SMALL ENTITY			OTHER THAN		
T-7	TAL CLAIMS		(Column 1)		(Column 2)		ì	TYPE		OR -	SMALL	,	
TOTAL CLAIMS			20				İ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			2 mir	าบร 20=	- 2			X\$ 9=	18	OR	X\$18=		
INDEPENDENT CLAIMS				nus 3 =				X43=	43	OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	145	OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	1	TOTAL	591	OR	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN					
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus			=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
										OR	TOTAL ADDIT, FEE		
ADDIT. FEE													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=	÷	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
		_ A	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE							
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER . USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		= .		X\$ 9=		OR	X\$18=	•	
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=					
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
**	f the "Highest Nur	nber Previously Pai nber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	A	TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE		
		ber Previously Paid					r four	d in the app	ropriate box	in col	umn 1.		